

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/564585

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9	/					
10		/				
11		/				
12		/				
13		/				
14		/				
15		/				
16	/					
17		/				
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42		/				
43		/				
44		/				
45		/				
46	/					
47		/				
48		/				
49		/				
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53		/				
54		/				
55	/	2				
56		/				
57		/				
58		2				
59		/				
60		/				
61		/				
62		/				
63		/				
64		/				
65		/				
66		/				
67		/				
68	/	/				
69		1				
70		3				
71		/				
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
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83						
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86						
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88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	9	↓		↓		↓
TOTAL DEP.	61	←		←		←
TOTAL CLAIMS	70					